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ABSTRACT

Presenting a case study of the African nation of Burundi to illustrate the great variation in the environment in which children are raised in developing and developed nations, this paper focuses on the importance of considering the context of a particular culture and society when educators talk about the quality of early childhood services. Burundi is described as a nation in which over 90 percent of children and families live in rural villages and in which the many years of wars and genocide have ruined family and social life. Poverty and disease are common in this population. The primary school enrollment has dropped to under 30 percent. Schooling is very formal, with large classes, and early schooling is seen as a place to keep children off the streets. The paper's discussion focuses on the lack of applicability to Burundi of many findings regarding the quality of early childhood services in the United States. The paper maintains that first steps toward quality must relate to the health and social well-being of children and their caregivers. The paper asserts that it is not appropriate to transplant quality indicators into other nations and cultures without considerable modification, and suggests that for many countries the focus should be on the psychosocial self rather than cognitive development. Possible indicators of quality are suggested. The paper maintains that the 10 quality areas developed by Australia's National Child Care Accreditation Council could form a basis for developing quality indicators that could be adapted to most cultures and situations: (1) relationships with children; (2) respect for children; (3) partnership with families; (4) staff interaction; (5) planning and evaluation; (6) learning and development; (7) protective care; (8) health; (9) safety; and (10) management to support quality. (KB)

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Quality is Culture-Bound

by

Professor Fred Ebbeck

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QUALITY IS CULTURE-BOUND
LA CULTURA ES UN FACTOR ESENCIAL EN LA CALIDAD DE LA EDUCACIÓN
LA CULTURE VA AU COEUR DE LA QUALITÉ

Professor Fred Ebbeck

Introduction:

I will start this presentation with a brief case-study description of one of the smallest countries in the world and certainly, one of the poorest. This country is Burundi, in Sub-Sahara Africa. I am introducing the topic this way as I want to plant in your minds the great variation that exists between countries of the world. I do this with the hope that you will appreciate that when we talk of quality in our early childhood services we must talk about it in the context of a particular culture and society.

Burundi as a Case Study

Burundi, with a population of some 6 million, is in the centre of the African continent with adjacent nations of Rawanda, Tanzania and the Congo. I do not intend to dwell on the countryside or the politics or its sad economic situation (GDP $160 per capita) but rather I will attempt to paint a picture of the young child growing up in Burundi today.

Most children and families (94%) live in the rural areas – there are few towns. Hence village life is central to the peoples' livelihood. The many years of devastating wars and genocide have all but ruined family life and the society in general. The internal fighting and genocide continues with short breaks during which the government of the day attempts to right some of the wrongs of the society. Poverty is widespread, especially rural poverty. The turmoil has taken over 100,000 lives and displaced over 1 million people. There has been a large increase in the number of female-headed households as the men have been killed. Likewise, as a result of the genocide, the number of child-headed households has increased dramatically. Looting and destruction of crops and animals as a result of the wars has been considerable. The diseases of malaria, TB and HIV are rife. I haven't mentioned the national morbidity rate which in 1996 was 1.4 million (the numbers for infants are not obtainable). Approximately 10% of the population were displaced at any one time so there are large number of children and families in displacement camps. Primary School enrolment has dropped to under 30%. And so the sorry picture goes on.

The Non-Government Organisation 'CONCERN Burundi' (April 1999:1) wrote "Many children have witnessed the death of their parents from acts of terrible violence, many are homeless. Generally, the vulnerable children are destined to live a life of poverty, hardship and despair, lacking even the basic necessities of life". There is very little for the children to do except to roam around. The older children do help with gardening, food growing and on the coffee plantations but many families have no land to cultivate. Parents/caregivers have their own problems (of survival) and therefore have little time to be with their children let alone provide them with the stimulation necessary for healthy growth. Just being able to provide food is more than most families can cope with let alone look towards the future. (Child development is, by nature, future-oriented and herein lies a problem for the families for their concern is the here and now!)

Schooling, what there is of it, is very formal, with large classes (50 plus children in most instances), little to no equipment and what is available is of questionable quality and relevance. Early schooling, in many ways, is a place to keep the children off the streets – hardly a place to be gainfully occupied in preparing for their next stage in development.

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Discussion

You might very well ask what has all this information about Burundi got to do with quality in early childhood. It has everything to do with it. If, for example, we take the findings of the USA 'Cost, Quality and Outcomes Study Team'(1995) and try to relate the quality recommendations of that study to the Burundi situation we would hardly get to first base. Their findings that the higher staff/child ratios, level of staff education, the administrators' prior experience, teacher wages and specialised training cannot be transplanted in Burundi. To begin with there are only a handful of care centres for children of the elite and these are ones with up to 50 children in a group with two teachers who, by Western standards, are inadequately trained. So where do we begin to discuss quality in childhood services in countries like Burundi?

Not all countries are as badly off as Burundi but very few are as well-off as the major Western countries. I would think that first steps towards quality must relate to health matters and the social well-being of the children. When we concentrate on such matters we concentrate also on helping the mothers/caregivers as well as the children. Many years ago when 'Project Headstart' in the USA was getting off the ground, a similar thrust was being implemented with priority being the child's health, the child's (and family's) welfare and then the child's learning (cognition) and in that order for it was rightly considered that if the child was hungry you couldn't teach him/her much and if the social and home environment was problematic the child would not be in a fit state to be taught anything anyway. So these children in Headstart began the day with a good meal and attention was given to their overall health and welfare. This kind of reasoning was the basis then for quality programs for young children. In reality, little has changed.

My message so far is that it is not appropriate to transplant our indicators of quality into other nations and cultures without considerable modification, even perhaps to a complete re-writing of them. The war-torn culture described here may be an extreme example but it does highlight the problems faced by societies in their efforts to meet the basic needs of their citizens. Whilst we can accept that children's development is conditioned by exposure to the positive and negative influences of their society, in some societies the negative influences far outweigh the positive ones. The gap between the society of the children in war-torn Burundi is vastly different from that of middle class North America, Australia, the United Kingdom to name but a few developed countries. There are, however, some basic tenets or fundamentals of quality in early childhood services that seem to transcend cultures and these are, in my opinion:

- When we support the child we support the family and we must work with the family unit whatever form it may take
- We work with the child through the mother (or main caregiver)
- There has to be effective continuity between the home (however defined) and the care/education unit
- The various human services (health, education and welfare) have to work together in the provision of services to children and their families
- However basic or sophisticated the society may be we have to consider the child within a family (however defined).

We, in Western countries, have a penchant for seeing as a solution to problems of infant and early childhood the establishment of child care centres and pre-schools with pre-school type programs operating. We all know that such programs, in the main, have a focus on with cognitive development often to the exclusion of the other, perhaps more important areas of development as mentioned in the dot points above. It seems to be easier for politicians,

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government administrators, community people and professionals to justify programs that have a bias towards cognitive development (the 'get them ready for school' mentality) as if being able to read and write, to sit at desks for long periods of time and to reproduce written work (work-sheets) is a mark of cultural success. It certainly looks better when reported in national documents. Maybe, for many countries, the starting point should be to concentrate on those developmental things that underpin growth, especially the psycho-social self, concentrating on developing interpersonal relationships – the way the child moves from babyhood and dependence to the beginnings of independence during the pre-school years.

Perhaps our indicators of quality should be those that show success in the children developing a sense of trust, in a familiar environment made up of familiar people and things. Of course there can be multiple care givers provided there is a sense of continuity of care in some way and that the care given has a quality about it.

Possible indicators could be:

- the child's level of confidence in initiating verbal, non-verbal and social interplay
- the child's confident behaviour overall
- the child's developed sense of being special
- the child's sense of autonomy through making choices and attempting to do things for themselves
- the degree of the child's self-motivation, the drive to do things for themselves within a supportive environment
- the child's strategies for dealing with own frustrations
- the child's developed sense of order and belonging (through consistent people and predictable routines
- the child's ability to cope with change
- the child's sense of fun.

Such broad indicators of quality (adapted from DECS:1996 document "Foundation Areas of Learning") in early childhood services can easily be adapted to any cultural context and probably relate to being a successful child within that culture.

Some views on quality

Much has been written in recent years on what constitutes quality in early childhood services. Many educators who favour adopting a particular model for a service see the advantages of having in-built criteria for quality control. Unfortunately, such practices can easily have the same outcomes as 'teaching to the test' practices in schooling have on curriculum implementation. Some time ago Blackburn (1978) in Australia wrote of quality that it is intimidatory in that you can't be against it even though you don't know what you are committing yourself to in being for it. She also said that quality concepts have orientations that are nostalgic for old certainties in a world where the tasks of early childhood services are different in significant ways from what they were. It also assumes prior agreement about a hierarchy of goals and about means of evaluating what constitutes improved achievements of them. Often, too, discourses on quality conceal private agendas. These comments are still pertinent today. Programs with in-built quality control practices could meet Blackburn's concerns. What we are experiencing around the world is a great challenge in early childhood to be accountable for what we do and for what we spend (both as governments and families) on early education and care. In no country is it a simple and cheap alternative to normal, traditional, family-based child development whatever this might be. Of course accountability brings with it a justification for what is being done and spent and justification is what the politicians and communities want. And rightly so! However, concepts of quality have to be based on something – some indicators that show that practices are working and that children are developing in positive and acceptable ways.

In early childhood we do not have a history of professionalism upon which to draw our indicators of quality as does, for example, schooling. We do, however, tend to look to models of schooling to provide these indicators. The question is, should we? Are our school systems so good that they can stand up to scrutiny for excellence? Are the methods used in schools for teaching school-aged children all that appropriate for the early childhood years, especially for the younger children? Schooling is notoriously related to 'learning' and so the concentration, in most cases, is on how well the children learn what is expected of them. Early childhood services, it could be claimed, are related to a broader concept of learning that we label 'development'. They are also related to the health and welfare of the children and the continuity between the care and development provided in the children's homes.

If we accept this point of view then the indicators of quality in early childhood may be seen in a different light. In Australia, for example, the developments within the country's National Child Care Accreditation Council's (NCAC) 'Quality Improvement and Accreditation Scheme' have seen the recognition that quality in child care for children aged from birth to 6 years of age fall into ten quality areas namely:

- Relationships with children (that is how the staff and children interact and how the staff guide children's behaviour in a positive way)
- Respect for children (relating to interactions, respect for diverse abilities, equality of treatment)
- Partnership with families (involvement and participation of parents/families)
- Staff interactions (staff communication and a team approach)
- Planning and evaluation (programs reflect a stated philosophy, based on child observations and records, cater to the needs and interests of the children and are evaluated regularly)
- Learning and development (offering the children choices and challenges and cover all developmental areas of learning)
- Protective care (child protection, safety, meeting children's personal needs)
- Health (nutrition, health and hygiene practices, immunisation)
- Safety (buildings and equipment, storage of potentially dangerous products, occupational health and safety procedures)
- Managing to support quality (cooperation with parents, staff policies, professional development for staff). (NCAC, 2001)

I would claim that areas of early childhood services such as the ten areas above, could form the basis for the development of a number of indicators of quality that could be adapted to most cultures and situations. It may be interesting to note that these ten quality areas are a development of the NCAC's previous system that contained 52 Principles of quality. These Principles were (and in some cases still are) the basis for quality service in centre-based child care for the past six years. Each Principle had a number of quality indicators detailed which elaborated the Principle and described what might be happening in the Centre's work. Utilising a process of self-study, counter-checked by an external colleague working in child care, each centre analysed its work and standards according to the indicators of quality established. What the Australian child care profession proved over the six years of implementing its system of accreditation was that the non-compulsory element coupled with the self-study practice proved the greatest incentive towards the striving for excellence. The responsibility rested with the staff, management and parents of each centre and it was up to them to rise to the occasion or not. Recent data from NCAC show that as of February 2001, 319 centres (8%) had achieved an accreditation rating of 1 year between accreditation reviews. 144 (3 5%) had a rating of 2 years and 2728 centres (67%) had a rating of three

years. The remaining 850 (approx) centres are in the process of being accredited. Looked at in another way, of all the centres accredited 82% had reached the maximum period of accreditation of three years (NCAC, 2001).

What is important for all quality control and evaluation is that the staff and parents have to feel ownership of the quality service. In the case briefly outlined above, the staff as a team, assisted by parents form a committee and self-evaluate against standards set by the profession. There is no inspectorial system such as is found in many school systems to evaluate the standards for them. In analysing and evaluating their own efforts each centre grows in knowledge and understanding of what quality is all about and is able to put the quality indicators into local and cultural perspective.

I have worked with government and non-government people in child care in Mauritius to establish a system whereby some form of quality enhancement can be introduced in that country. The standards of work in Mauritius as compared to Australia are quite different for all kinds of reasons. What was encouraging was that the people in the profession themselves were able to come up with a set of indicators in specific areas that could be used in that country to evaluate quality. These indicators reflected the cultural values at this point in time and an understanding that the process of raising standards takes time

Of course, coupled to the question of quality in the services offered children and families comes the question of the level of education and training of staff who provide the services. This brief paper cannot go into this element in any detail for it is a topic in itself. What the Australian process has found over the years is that the process of self-study has done more to raise the level of professionalism (meaning here an understanding of what is being done in care centres and why) amongst child care staff than any other factor including pre-service training. The quality improvement and accreditation system has greatly influenced all levels of early childhood pre-service training and the number of post-graduate research studies done on the system also have added to the overall knowledge of quality practices in the early childhood field.

In summary

If we plot the provision and quality of early childhood services of each country in the world on a continuum from very basic (if any) to overall high quality we will find that we cannot make comparisons for the needs, resources available, national priorities and so on are so different in each case. There are some indicators of quality for the care and development of children everywhere that could and should form the basis of an understanding of quality care and education. If these were considered from the viewpoint of each culture then some realistic advancement for services to children might happen. The transplanting of quality indicators from one culture to another without modification is filled with potential problems.

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